



## NOTICE OF FUND AVAILABILITY (NOFA) – GRANTS

**NAME OF GRANT PROGRAM:**

New Jersey EXHALE Grant Program

**NOFA REFERENCE NO.:**

DCH26EXH

**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS SHALL BE USED:**

The EXHALE Grant Program (EGP) aim is to reduce the prevalence of uncontrolled asthma by reducing triggers in the home and provide linkages to care and coordination for children grades Prek-3 residing in the City of Trenton.

**ESTIMATED AMOUNT OF MONEY**

**IN THE GRANT PROGRAM:** \$ 290,000.00

**AWARD PERIOD:**

**From** 9/1/25 **Through** 8/31/26

**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants. [https://www.nj.gov/health/grants/documents/terms\\_conditions.pdf](https://www.nj.gov/health/grants/documents/terms_conditions.pdf)
2. General and specific grant compliance requirements issued by the awarding division or commission.

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

- |   |   |
|---|---|
| <input type="checkbox"/> Municipal Government                       | <input type="checkbox"/> Institution of Higher Education              |
| <input type="checkbox"/> County Government                          | <input type="checkbox"/> Hospital                                     |
| <input type="checkbox"/> State Government                           | <input checked="" type="checkbox"/> Non-profit Organization (501(c)3) |
| <input type="checkbox"/> Indian Tribal Gov't (Federally Recognized) | <input type="checkbox"/> Other:                                       |

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Eligible applicants must be current grantees of the Department of Community Affairs (DCA) Lead Remediation & Abatement Program (LRAP) and/or the New Jersey Board of Public Utilities Whole House Program or must be current healthcare collaborative for the geographical area of Trenton, New Jersey.

**APPLICATION PROCEDURES:**

Eligible applicants will submit grant applications through the Department's System for Administering Grants Electronically (SAGE), in accordance with the Request for Applications (RFA). The RFA may be requested from the contact listed below.

1. The applicant requests a copy of the RFA from the contact listed below.
2. The applicant submits a Letter of Intent, inquiry, or concept paper, as required in the RFA.
3. The Program Management Officer will make a grant application available to all Eligible agencies in the System for Administering Grants Electronically (SAGE), [www.sage.nj.gov](http://www.sage.nj.gov).
4. The applicant will submit a grant application in accordance with the RFA.

**FOR INFORMATION CONTACT:**

**NAME:** Siobhan Pappas

**TELEPHONE:** (609) 913-5699

**PROGRAM:** EXHALE Grant Program

**E-MAIL:** [siobhan.pappas@doh.nj.gov](mailto:siobhan.pappas@doh.nj.gov)

**MAILING ADDRESS:** New Jersey Department of Health

P.O Box 355

Trenton, NJ 08625

**DATE ON WHICH APPLICATION WILL BE AVAILABLE:** 07/21/25

**SAGE PROGRAM NAME:** EXHALE Grant Program

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:** 08/11/25

**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:** 08/25/25